

Inspection Report

19 July 2022



Oakleaves Care Centre

Type of service: Nursing Home
Address: 42 Racecourse Road,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Mr Christopher Walsh	Registered Manager: Ms Jennifer Lynch Date registered: 04 July 2022
Person in charge at the time of inspection: Kelly McCready, Clinical Lead 7.30am – 8.10am Ms Jennifer Lynch, Manager 8.10am – 4pm	Number of registered places: 42
Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	Number of patients accommodated in the nursing home on the day of this inspection: 38
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 42 patients. The home is divided into three units situated on the ground floor. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 19 July 2022, from 7.30am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Two areas for improvement relating to medicines management have been carried forward for review at the next inspection.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included; "Well cared for", "The girls (staff) are very good to me" and "Everyone is very friendly." There were no questionnaires received from patients or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. There were mixed views regarding staffing levels with some staff stating they were satisfied with staffing levels and others stating that staffing levels were inconsistent. Comments from staff included; "Great induction", "I love working here", "Staffing has been an issue with sickness" and "Staffing levels have improved." There was no feedback from the staff online survey.

One relative was consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included "The staff are excellent here", "Great communication", "(Relative) is always well presented", "Staff are very friendly" and "No concerns."

Comments received during the inspection were shared with the management team to action where necessary.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 November 2021.		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	<p>The responsible individual shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>This is particularly relevant to documentary evidence of:</p> <ul style="list-style-type: none"> • pre-employment registration with an appropriate professional regulatory body where necessary • written explanation of any gaps in employment. 	Met
	<p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.</p>	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	<p>The responsible individual shall ensure that prescribed thickening agents and food supplements are securely stored and that the administration of prescribed food supplements is monitored to ensure it is in accordance with the NMC Code.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement had been met.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • crash mats are stored away safely when not in use • a risk assessment is completed on fridges within the identified unit to determine if they need to be locked with an ongoing system for review • the practice of decanting chemicals into a drinking glass is immediately ceased and chemicals are stored securely • all grades of staff are aware of their responsibility to report and action any actual or potential hazards. <p>Action taken as confirmed during the inspection: Observation of the environment, discussion with staff and the manager evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff.</p>	<p>Carried forward to the next inspection</p>

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The responsible individual shall ensure that a robust governance oversight of care records is implemented to ensure that the frequency of repositioning within supplementary recording charts is reflective of the care plan.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The responsible individual shall review the management of patients' nutritional care needs to ensure that: <ul style="list-style-type: none"> • SALT recommendations are consistently and accurately recorded within the patients' care records and supplementary recording charts • relevant staff are aware of patients' dietary needs as per SALT and IDDSI terminology. 	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of a sample of employee recruitment records evidenced that appropriate employment checks had been carried out in line with best practice.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. However, as mentioned above in section 4.0 there were mixed views from staff regarding staffing levels and comments were shared with the management team to action where necessary.

Observation of the delivery of care during the inspection evidenced that there was enough staff to attend to patient's needs. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector reviewed three staff competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

A record of staff supervision and appraisals was maintained by the Manager with a record of staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients were generally well presented but it was noted that some patients' nail care, had not been fully attended to by staff. Discussion with staff evidenced that some of these patients had a tendency to refuse this aspect of personal care. Review of relevant care records completed by both the nursing and care staff evidenced that care plans did not contain this information and the care documented as having been delivered within daily progress notes and supplementary recording charts was not reflective of the care received. Details were discussed with the management team and an area for improvement was identified.

Patients who were less able to mobilise require special attention to their skin care. Review of repositioning records and care plans evidenced that these were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Some patients were seated within the dining room, whilst others were either seated within one of lounges or their bedroom. Discussion with staff and a number of patients evidenced that this was their personal choice.

Patients who choose to have their lunch in their bedroom or lounges had trays delivered to them and the food was covered on transport.

There was a choice of meals offered and patients said they very much enjoyed the food provided in the home. Staff knew which patients preferred a smaller portion and demonstrated

their knowledge of individual patient's likes and dislikes. A pictorial menu was displayed within the main dining room which was reflective of the meals that were served.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT which was shared with the kitchen staff and maintained within supplementary care folders.

Review of three patients' care records evidenced that the majority of care plans and risk assessments were reviewed regularly. A small number of deficits were identified and discussed with the Manager who amended them prior to the completion of the inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. The garden and outdoor spaces were well maintained with areas for patients to sit and rest. The management team confirmed that refurbishment works were ongoing including the painting of walls, replacement of over bed tables, crash mats and any other identified furniture to ensure the home is well maintained.

Whilst most corridors and fire exits were clear of clutter and obstruction an identified lounge and bedroom door were observed to be obstructed with a patient's chair preventing these doors from closing in the event of the fire alarm being activated. This was brought to the attention of staff who positioned the chairs away from the identified doors. Following the inspection written confirmation was received from the Manager that relevant action had been taken to address this through communication with staff and ongoing monitoring during daily walk arounds.

There were a number of deficits identified within the environmental that required repair. Details were discussed with the management team who agreed to address these deficits as a matter of priority. Following the inspection the Manager provided written confirmation that all relevant repairs had been completed.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, with specific reference to the wearing of personal protective equipment (PPE). Details were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and

opportunity to engage in social activities and were seen to be content and settled in their surroundings and in their interactions with staff.

During the inspection a number of patients were having their hair styled by the hair dresser whilst other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff.

Patients commented positively about the food provided within the home with comments such as; “(The) food is good” and “(The) food is lovely.”

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Individual and the organisation.

There was evidence that the Manager had an effective system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

There was a system in place to manage complaints. The Manager told us that complaints were seen as an opportunity for the team to learn and improve.

A system was in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin and their care manager, however, a number of accidents/incidents had not been notified to RQIA. This was discussed with the Manager who submitted all relevant notifications prior to the completion of the inspection. Whilst RQIA acknowledge that relevant action had been taken during the inspection to address this deficit an area for improvement has been stated to ensure ongoing compliance.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* The total number of areas for improvement includes two standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer Lynch, Registered Manager and Mr Ciaran Burke, Operational Support Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all notifiable events are submitted to RQIA without delay. Ref: 5.2.5 Response by registered person detailing the actions taken: As part of the managers daily checks the incident book is reviewed daily and notifiable events submitted. As part of our inspection day the notifiable events in relation to behavioural issues were discussed with the inspector and agreed that going forward all behavioural incidents will be reported. Following Oakleaves inspection the manager received additional training on notifiable events.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 8 October 2020	The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (8 September 2020)</p>	<p>The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time time</p> <p>To be completed by: 19 August 2022</p>	<p>The registered person shall ensure that daily progress notes and supplementary recording charts are reflective of the delivery of personal care in accordance with the patients care plan.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: As part of the inspection day it was identified that specific residents will refuse nail care. Care plans will now outline specific residents who will refuse nail care and the approach in which is appropriate to assist residents in this task. Carers will also communicate with nurses if a resident refuses nail care and this can be highlighted on the handover to attempt again.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff use of PPE is in accordance with IPC guidance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Regularly IPC training completed with all staff and as part of the managers daily walk arounds this will identify any areas of improvement and individual supervisions are completed with staff to highlight any discrepancies.</p>

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